

Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an * are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____

Middle Name: _____ Suffix: _____

Name Data Quality: * Social Security Number: * Birthdate: *

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

- ☐ _____
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race:* (Select All That Apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:*

- ☐ Male
- ☐ Female
- ☐ Transgender Female to Male
- ☐ Transgender Male to Female
- ☐ Client Doesn't Identify Male, Female or Transgender
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If Female, Pregnancy Status:*

- ☐ Yes
 - ☐ Due Date: _____
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Disabling Condition:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Relationship to Head of Household:*

- ☐ Self
- ☐ Son
- ☐ Daughter
- ☐ Dependent Child
- ☐ Spouse
- ☐ Foster Child
- ☐ Grandchild
- ☐ Other Family Member
- ☐ Other Non-Family Member

Contact Information:

Address: _____ City/State/Zip: _____

Email: _____ Home Phone: _____

Work Phone: _____ Message Phone: _____

Step 2: Project Enrollment

Complete the project enrollment information and please note all fields with an * are required fields. Complete additional forms for each household member to be enrolled.

Assessment Date:* _____
Case Assignment:* _____

Street Outreach Project Entry Date:* _____
Street Outreach Engagement Date:* _____

(ONLY REQUIRED FOR PATH PARTICIPANTS):

Project Entry Date:* _____ (Date of 1st Contact)
Date of PATH Engagement: _____ (Interactive client relationship; results in deliberate assessment)
Date of PATH Status Determined: _____
Client Became Enrolled in PATH: ☐ Yes ☐ No (Client formally consents to participate in PATH program services)
Reason Not Enrolled in PATH:
☐ Client was found ineligible for PATH
☐ Client not enrolled for other reason(s)

Step 3: Entry Assessments

Complete the following entry assessments and please note all fields with an * are required fields.

Housing Status* (Based on housing condition just prior to project entry)

- | | |
|--|--|
| <input type="checkbox"/> Category 1 – Homeless | <input type="checkbox"/> Stably Housed – Own |
| <input type="checkbox"/> Category 2 – At Imminent Risk of Losing Housing | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Category 3 – Homeless Only Under Other Federal Statutes | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Category 4 – Fleeing Domestic Violence | <input type="checkbox"/> Other |
| <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Stably Housed - Rent | |

Type of Residence:*

HOMELESS SITUATION

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Safe Haven
- ☐ Interim Housing

INSTITUTIONAL SITUATION

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, Prison or Juvenile Detention Center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or Other Psychiatric Facility
- ☐ Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy

- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent Housing for Formerly Homeless Persons (a CoC project; HUD legacy programs; or HOPWA PH)
- ☐ Rental by client, with no ongoing housing subsidy
- ☐ Rental by client, with VASH housing subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Transitional Housing for Homeless Persons (Including Homeless Youth)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Length of stay in the prior living situation:*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Approximate date homelessness started: * _____

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:*

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> One Time | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Two Times | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Three Times | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Four Times | |

Total number of months homeless on the street, in ES, or SH in the past three years:*

- | | |
|---|--|
| <input type="checkbox"/> One month (this time is the first month) | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 2-12 months | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Number of months (2-12):* _____ | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> More than 12 months | |

Covered by Health Insurance:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Type:*

- ☐ Private - COBRA ☐ Military Insurance
☐ Private – Employer ☐ Other Public
☐ Private – Individual ☐ State Funded (HIP or HIP 2.0)
☐ Medicare ☐ Indian Health Service (Native American)
☐ Medicaid ☐ Other _____
☐ State Children's Health Insurance Program
(S-CHIP; not Medicaid or HIP)

Status:*

- ☐ Active ☐ No
☐ Start Date: _____ ☐ Applied; decision pending ☐ Client Doesn't Know
☐ End Date: _____ ☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

Veterans Assessment:*

Military Branch:*

- ☐ Army ☐ Client Doesn't Know
☐ Air Force ☐ Client Refused
☐ Navy ☐ Data Not Collected
☐ Marines
☐ Coast Guard

Discharge Status:*

- ☐ Honorable ☐ Uncharacterized
☐ General under honorable conditions ☐ Client Doesn't Know
☐ Bad Conduct ☐ Client Refused
☐ Dishonorable ☐ Data Not Collected
☐ Under Other Than Honorable Conditions (OTH)

Service Entry Date: _____ Service Exit Date: _____

Select Theatre(s) of Operation(s):* (May not apply to client)

- ☐ World War II (September 1940-July 1947)
☐ Vietnam War (August 1964-April 1975)
☐ Persian Gulf War (Operation Desert Storm)
(August 1991-September 10, 2001)
☐ Afghanistan (Operation Enduring Freedom)
☐ Iraq (Operation Iraqi Freedom)
☐ Iraq (Operation New Dawn)
☐ Other Peace-keeping operations or military interventions
(such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
☐ Korean War (June 1950-January 1955)

Status:*

- ☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

HMIS Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition is Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Connection with SOAR:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Currently Fleeing:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

If yes, when experience occurred:*

- ☐ Within the past three months
☐ Three to six months ago (excluding 6 months exactly)
☐ Six months to one year ago (excluding 1 year exactly)
☐ One year ago or more
☐ Client Doesn't Know
☐ Client Refused
☐ Data Not Collected

Financial Assessment:* Cash Income:*

☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Private Disability Insurance \$ _____
☐ Unemployment Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ Pension From Former Job (VA Included) \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ Retirement (Social Security) \$ _____
☐ Alimony \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ TANF \$ _____
☐ Child Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
☐ Special Supplemental Nutrition Program (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF Funded Services
☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
☐ Temporary Rental Assistance (RRH) \$ _____
☐ Other Source

(ONLY REQUIRED FOR PATH PARTICIPANTS)

Date of Contact:*

Contact with:*

Enrollment:*

Contact Service:*

- ☐ Assessments: PATH Screening/Assessment
- ☐ Case Management: PATH – Case Management
- ☐ Health/Medical: PATH – Referral Primary Health Services
- ☐ Mental Health/Counseling: PATH – Referral Community Mental Health
- ☐ Prevention/Outreach: PATH – Outreach
- ☐ Substance Abuse: PATH – Referral Substance Abuse Treatment

Current Location:*

- ☐ Place Not Meant for Habitation
☐ Service Setting, Non-Residential
☐ Service Setting, Residential

Adult Education Assessment:*

Currently in School/Working on Degree:

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Received Vocational Training/Apprenticeship:

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Highest Grade Completed:*

- | | |
|--|--|
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> High School Diploma |
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> GED |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 10 th Grade | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> 11 th Grade | |
| <input type="checkbox"/> 12 Grade, no diploma | |

Attendance Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Secondary Education:

- | | |
|--|--|
| <input type="checkbox"/> Associates Degree | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Bachelors | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Doctorate | |
| <input type="checkbox"/> Other Graduate/Professional Degree | |
| <input type="checkbox"/> Certificate of Advanced Training or Skilled Artisan | |

Child Education Assessment:*

Highest Grade Completed:*

- ☐ School program does not have grade levels
- ☐ Less than grade 5
- ☐ Grades 5-6
- ☐ Grades 7-8
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, no diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Some college
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Current Enrollment Status:*

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If Yes, Type of School:

- | | |
|--|--|
| <input type="checkbox"/> Public School | <input type="checkbox"/> Technical/Career |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Charter | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Parochial or Other Private School | <input type="checkbox"/> Data Not Collected |

School Name: _____

Connected w/McKinney-Vento School Liaison?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

If not enrolled, Last Enrollment Date: _____

Reason Not Enrolled: _____

Self-Sufficiency Matrix and AMI Assessments are also available along with other helpful resources at www.IndianaBOS.org.